State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) September 8, 2014	•				Building Owner nent of Milit			Affairs		C C	heck #	146	7	
Agencies Notified	Type Notification		1000	treet Add				2	014 S	EP 12	2 Ari	1: 7	ي لي	
EPA DEP DOL	Initial Amended Amendment				e, Zip Code , NJ 08625-	-0340		۵	SBE	STOS	S CON	ITR IG	OL.	
DOH DCA	Emergency (injustification) Cancellation	ncluding	11/2/02	ame of 0					Tele	phone N	lumber			
		DI (0)		FACIL	ITY INFORMA	TION	T	5 Facility / 4						
Name of Facility Where Veterans Memorial Street Address		Place (3)					☐ so	f Facility (4 chool (K-12 ubchapter 8	()	er than K	-12)			
524 N. West Blvd.							X O	ther (i.e. pr c.)	ivate 8	comme	rcial buil			es,
City (5) Vineland							Square 12,00	0	2	Floors	1	3ldg. / 15	\ge	
County (6) Cumberland				ounty C	ode (7) SE ONLY)		Resid	E TO STORY			lished)			
Name of Monitoring Firm Whitman Co.	Hired by Building (Owner (8)		ASCM	No.	100000000000000000000000000000000000000		ement Cont ironment		10000				
Street Address 7 Pleasant Hill Roa	ıd					177/5/2017/02	Address Cutler	Avenue						
City, State, Zip Code Cranbury Township	o, NJ 08512						State, Zip le Shad	Code de, NJ 08	3052					
Project Manager for Mon Kevin Lovely	nitoring Firm		80	elephon	e No. 0-5858		hone No. 755-00			License 00842				
Start Date (10) September 29, 201	14	Scheduled			Pate (11)			A Monitor oratories						
Occupancy Status Durir		k Only One)				Address		<u> </u>					
Abatement Perform	cated During Entire Fined Outside of Norm			ent		City, S	State, Zip		2000		-			
Other – Describe:						Cinr	namins	on, NJ 08	3077					
Scope of Work (Check / ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Ali That Apply)		novati molitic				Mini Glov	Containme -Enclosure rebag Proc -Exempted	edure				ro.	
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Exterior of Old I				XXX		oof Flas				300 LF	х	\vdash		
Name of Registered Wa	ste Hauler		NJ	JDEP W	aste Cut	bic Yards	Т	Name of F	Registe	ered Lan	dfill	_		
Freehold Cartage				uler ID I 253	No. of V	Waste)		Westerr	Ber	ks Com	nmunity	Lar	dfill	
City, State Freehold, NJ						posal Date 24/2014		City, State Birdsbo		Α				
Completed by Title		Date 9/8/2014						14						

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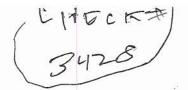
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Agencies Nouther TROLL ype Notification		Svee	I Address	SS RT	. 50		
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· ·	Dince (3)	FA	CILITIA	OFORATION	Type of Facility (1),	
Name of Facility Where Abatement is Taking) Place (3)				□ School (K-12)	Other than K-12	ì
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Project Manager for Monitoring Firm		יומאטוי		856-7	<u> 79-047</u> 2	004	7 7
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- Alexand Dunn Entre P	en∞ oi ~∞	o (Cirica ii					18157
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Location of Aspestos-Containing Material (ACM) TO BE ABATED IN Facily (13) SIDING Name of Registered Waste Hauler KIEMCO INC. City State MDPLE SINDDE, N.	Is Local North Used Sk Mainter Custo Sta (17)	NO N	EP Waste	Description estos Containing & thermal system surfacing. V/ other myscella Cubic Yards of Waste Disposal Dat	Name of Records of City, State	Amount (Specify SF & LF)	Removal A

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

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Other - Descripe.													
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT RECEIVED (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	10 1		Name	ol Buildir	od Owner Oberard	° 2014 SEPCH	0 681 1	-		
9	19/14			INE	LANDSC	O MUST RELITED	40 PA 1:13			=
Agencies Notified	Type Notification		Street	Address		. A.G.				
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	Cancellation			1000	· [DUDIT	71				=
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Name of Facility Where	Abatement is Takir	no Place (3)				Type of Facility	(4)			
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City (5)	SEAN	C 17-1						<u></u>		_
County (6)	۸.		Count	y Code (' DWLY)	7) (STATE	Current Use (Pr	ior if being demotis	nea)		
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Name of Monitoring Firm	n Hired by Building	Owner	m W	10.	1.1	FM CO IN				
(8)	//A				Street Address	TMILO FI	<u> </u>			
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City, State, Zip Code					Mo	PLE SHOT		08 0	2 6	=
Project Manager for Mo	nitoring Firm	Tele	phone h	ю	Telephone No.	9-0472	License No.	44		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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		·		F	ACILITY IN	ORMATION					
	Name of Facility V	Vhere Abatement is Tak	ing Place (3)			Type of Facility				
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		g Firm Hired by Building	Owner	- ASC	M No.	Name of Abater	men! Contractor (9)			
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	Project Manager I	or Monitoring Firm	Ι΄.				9-0472	0044	7		=
	Stan Date (10)	Sch	eduled Con		Qale (11)	Name of OSHA		Enm			
	9/724	14 - 1 -	9/2	1							7
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	Other - Describ	formed Outside of Norm				M	APLE S	LADE N.	١ ، د	000	
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	Name of Registers			Haule	r D No.	of Waste	C. N	1, C, M.U. A			
	KLOM	co INC,		-	904	Disposal Date	City, State		7		
	City. State	EE SIA	DG.	NIJ				OF BINE	<u>ز ز</u>		=
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State of New Jersey NOTHICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

terms flags	(P	ursus	ent to N	JAC 8	:60 and 12:120)	*		
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Name of Facility Where Abatement is Taking	Place (3	1 2				Type of Facilit	3.50	
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Name of Marioning Firm Hired by Building)+ner	AS	ON NO		Name of Abatem	co Z	201	
(8)					Suser Address	· 501	ICE AVE.	7
Siree: Adoress				!	369 S			
City State Zip Code				1	MAR	SHI		08:35
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Praki Manager for Monitoring Firm					AHEO O OSHA	79-047	. 0	
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Occupancy Status During Abatement (Che Facility Closed Vacated During Entre P			eni		369 S City, State, Ago			<u></u>
Facily Closed Vacated During District of Normal	a' Facility	Hours			CAY, SOILE, AUD	SHA =	DE, N.J	,08052
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Scope of Work (Check all that apply)	□ Ran	ovaiio	n		J. MIT. E	nciosure		
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Name of Repositered Waste Haulor			TOED !	NO.	01 M9216		M, C, M	.0.7
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SIZE OF NOW JOTES Y NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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DPA & LICENS	B. Well F		Ciry, Sta	10. Zip C	∞de		T 10-22	
□ ∞	Amendment #_	pribul		6-1	WYN E	IELD N	Tolograme Humber	50
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Name of Maritaining Firm		4ner	ASCH N	0.	Name of Abatem	eni Convador (9)	c,	
(8)	<u> </u>				Sueel Address	S. SPRU	= Ave.	
Street Adoress					369 - Cry. State. Zip C			
City State Zp Code		ensocialis Classicaris			MAR			3:3 -
Project Manager for Mon	vianno Firm		ephone h		Telephone No. 856-7	79-0472	Doense No	4
Project manager to the		<u> </u>	atron 031	• (11)	Name of OSHA			
Sian Date (10)		ded Comp	elbin car / ca	C () . ,	JOSE	WKH1-EN	<u>M</u>	
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Dana Describe	Outside of Norma	racally 110			MAP	CE SHAD	E, N, 5, 0	00032
Scope of Work (Check	all that apply)				□ Full Co	ontainment with Ne	gabye Pressure	
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2160 st or ≥260 H		Is Loca			[] NOTE	16110100 () 5-15		Applement
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-		+			Cubic Yards	Name of R	egistered Landfill	1.
Name of Registered W	aste Hauler		Haller	D No.	01 Waste	C, ~	$\gamma, C, M.U$	· · · · · · · · · · · · · · · · · · ·
KLEMC	o Inc.		1	27	Deposal Date	City. State	-0 WF 1	U.J
City State MAPLE SH	ADE. N.	5,08	052		Signatur		DBINE!	18/16
Completed By	Tr.	Sa.	NER	-		osyd St		78/16
JOSEPH K	EMM				7	remaled activitie	S	
AS8 41	**	Do not use	inis form	n lor aso	e 2103 licen 2018 e	xempled activitie		

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6057

Friable Initial Notification

200-2			130			Octob	r/Operator	(2)				-	-
Date of Notificati		4											
0 9 / 0		and the second	Orar	nge F	Public	c Schools	3		· -				-
Agencies Notified	Type Notific	ation	Stre	et Ac	idres	S S			2014 SEP	12	1.1	14.	55
[X] EPA	[X]initial	1				venue				1455500023			_
(X) DEP	Notific	ation	City	. Sta	ate,	Zip Code	2		t =				
(X) DOL	[]Amended	ation	Ora	nge,	NJ 0	7050			أيدا				_
(X) DOH	Notific		Name	of	Cont	act		Telep	phone Number	•			
(X)DCA	[]Cancell	ation	Ade	kunle	e O.	James, E	usiness Ad	min.					
						TY INFORM	ATION						_
Name of Facility V	Where Abatemen	nt is Ta	king F	lace	(3)	,		Type of Facili	17/4/W - V/M2/8/W				
Heywood Avenue E	lementary Sch	ool						[X]School []Subcha	pter 8 (Oth	er th	an K	-12)	
Street Address								[]Other	(1.e., priv	omes,	etc	.)	_
421 Heywood Aven	uue.							Square Feet	# of Floors	BIG	g. A	ge	
City (5)	iue	County	(6)		-	County C	ode (7)	50,000 Current Use (P	2 Fior if bei	70	moli	shed	<u>()</u>
						(STATE (SE ONLY)	School					
Orange, NJ 07050	a Firm Hired	Essex by Build	ing	ASCM	No.	Name	of Abatem	ment Contractor	(9)				
Owner (8)	9 121	•				11_	Ot	ildara lao					
Westchester Enviro	onmental, Inc.		10	0012	7	Str	et Address	ilders, Inc.					_
307 North Walnut S	Street					180	Sargeant A	Avenue					
City. State. Zip						Cit	y. State.	Zip Code					
West Chester, PA	19380	Firm [T	Teleph	one l	Numb		on, NJ 070		Lice	nse Nu	ımbeı		
Matt Abraham			310-99	6-35	15	973	-614-0377	Monitor	0080	7			
0 9 / 1 9 / Occupancy Status	1 4	0 9 / 2	2 2 Day eck on	/ 1 / Y ly o Peri	ear ne)	Fou Str	ur Strong Bueet Addres Sargeant	Avenue					_
[]Abatement Fe Hours - Desc []Other - Desc	ribe:	106 OL W	OIMAI	racı		_	ton, NJ 070			*			
Scope of Work (Chapter Demolist	ition	apply)	[X]	Renov	atio	on	[]Mini []Glov	Containment w -Enclosure rebag Procedure Friable Proced		e Pre	ssur	e	•
		-		Is	Т					Abat	emen	t Ty	rpe E
Asbesto Mater TO B	etion of s-Containing ial (ACM) E ABATED accility (13)		North	ation mally sed lely Main- ance/ todia ff(12 No[N	2)	(i.e insula	Description bestos-Control of the control of the co	aining	Amount (Specify SF or LF)	RE MOVAL	R E P A I R	NCAPSUL:	N C I O S U R E
Boiler Room				X		Breeching	3		50 SF	X			L
Boiler Room				X		Pipe, Pipe	Fittings &	Large Valves	50 LF	X			
Boiler Room			+	X		Headder	Piping		20 LF	X			
Boilet (100iii			1-1	1	1								
Name of Register	ed Waste Haul	er	NJ Ha	DEP uler	Wast ID		ic Yards Waste	Name of Regis		fill			
Four Strong Build	ers, Inc.		12	2609				G.R.O.W.S., I	nc.				
City. State						Dis	posal Date						
Clifton, NJ								Tullytown, PA	\	115	ate		-
Completed By (Pr		Title					Signatur		.			1	
Bilyana Kulakovs	ka	Office /	Admin	strat	or		100		<u></u>	19	/9/14	+	
ASB-41. JUN 95												G46	567

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/09/2014				of Building TEANEC			(2)	REC	EIV	Sam S)		
Agencies Notified	Type Notification			t Address BRIDGE I	PLAZA	NORTH	20	14 SEP	12 AI	4 1	52	i	
DEP DOL DOH	Amended Amendment #			State, Zip Contact	ode J 0702	24	AS	SBEST!					
₩ DCA	□ Cancellation			HUA SLEP	IAN								
Name of Facility Where	Abatement is Taking	Place (3)	FA	CILITY INF	ORMAT	ION	Type of Facility (4	4)					
Street Address 1500 TEANECK RO	**	(0)	Ya				☐ School (K-1: ☐ Subchapter ☐ Other (i.e. petc.)	2) 8 (Other th	ian K-12 mmercia) ıl buil	dings,	home	es,
City (5) TEANECK							Square Feet 100,000	# of Flo	ors	E	ldg. A 50+	_	
County (6) BERGEN				ty Code (7) E USE ONLY) <u>NJ</u>		Current Use (Pric				L)		
Name of Monitoring Fir CONSULTING & TES	m Hired by Building C TING SERVICES,	wner (8) INC (CT	SI) AS	CM No. 109			of Abatement Con	1.1	CES				
Street Address 237 WEST 35TH S	STREET SUITE 80	5				100	Address QUEENS PLA	ZA SOUT	'H			-	
City, State, Zip Code NEW YORK, NY 10	0001						ate, Zip Code ISLAND CITY	, NY 11	101				
Project Manager for Mo FARHOOD SELAMIE					Telephone No. 212-929-3451 Telepho				cense No).	-		
Start Date (10) POSTPONED	tart Date (10) Scheduled			Completion Date (11) Name of OSHA Monitor MARTIN MCREA									
Occupancy Status Duri	ng Abatement (Check	Only One)		1 100		Street A	Address	-					-
□ Abatement Perform	cated During Entire P med Outside of Norma						ate, Zip Code						
☐ Other – Describe: Scope of Work (Check	A				_	BAYON	NE, NJ 07002	2					
□ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			ovation olition			8	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				Φ.	
		Is Lo	cation				Non-Exempled	() and ive	M-I Habi		Abate	ement	t
Location		Non	nally olely by			scription					Ty	/pe	Т
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED	Mainte Custodi	enance/ al Staff? 2)		thermal surfa		aterial (ACM) insulation, , or eous)	Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED I	TST	Yes N	lo N/A	4								0	
			-						+			-	
			_	-					+				
Name of Registered Wa	aste Hauler		NJDEP Hauler	ID No.	of Wa	Yards		Registered				1	
City, State SHIRLEY, NY 119	67/BRONY NV 1	0464	24310	/19551		sal Date	City, State	A ENTER BURG, O	-				
Completed by	O, BRONA, NI I				1 1 1 1 A	/2014 Signature	WAINES	DORG, O	Dat				
ANN ALI				Œ.		Jigriature					2014		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED Date of Notification (1) Name of Building Owner/Operator (2) 1500 TEANECK ROAD, LLC 09/02/2014 2014 SEP 12 AM 1: 52 Agencies Notified Type Notification Street Address 173 BRIDGE PLAZA NORTH EPA 2 Initial ASBESTES CONTROL City, State, Zip Code FORT LEE, NJ 07024 DEP 凶 Amended 13 DOL Amendment # & LICENSING Emergency (including Name of Contact Telephone Number DOH X justification) JOSHUA SLEPIAN Cancellation Ø DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 1500 TEANECK ROAD Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age TEANECK 100,000 50+ County (6) Current Use (Prior if being demolished) County Code (7) NJ (STATE USE ONLY) BERGEN VACANT (PRIOR USE COMMERCIAL) Name of Monitoring Firm Hired by Building Owner (8)
CONSULTING & TESTING SERVICES, INC (CTSI ASCM No Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES Street Address Street Address 237 WEST 35TH STREET SUITE 805 11-02 QUEENS PLAZA SOUTH City, State, Zip Code City, State, Zip Code NEW YORK, NY 10001 LONG ISLAND CITY, NY 11101 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. FARHOOD SELAMIE 212-929-3451 718-349-0900 00853 Start Date (10) Name of OSHA Monitor MARTIN MCREA Scheduled Completion Date (11) 09/16/2014 12/16/2014 Occupancy Status During Abatement (Check Only One) Street Address 714 KENNEDY BLVD Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: BAYONNE, NJ 07002 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Ď Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED LIST Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards Hauler ID No. of Waste ATC/TST 24310/19551 30 MINERVA ENTERPRISES City, State Disposal Date City, State SHIRLEY, NY 11967/BRONX, NY 10464 WAYNESBURG, OH 44688 9/20/2014 Completed by Title Signatur Date ANN ALI ADMINISTRATIVE 09/02/2014

(K 4354

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CREGENED

Date of Notification (1) 9/10/14				Owner/Operat			SEP 12			Lo		
Agencies Notified Type Notification			Address	C+		2014	JLI 16	HII	1	43		
EPA Initial			South 34			<u> </u>	ESTOS	COM	TF	n)		
EPA Initial Amended Amendment #_ Emergency (inc	cluding		tate, Zip Co h Haven (_{de} Gardens N	J 0800		& LICE	KSIN	Ġ	(O _i L		
DOH justification) Cancellation	Sidding	Anne					Telephone	Numbe	r			
Name of Facility Where Abatement is Taking F	Place (3)	FAC	CILITY INFO	RMATION	Type	of Facility (4)					201000000	
Anne Clark Private Home	.000 (0)				CONTRACT	School (K-12)						
Street Address 10 E. South 34St	No.				×	Subchapter 8 Other (i.e. privetc.)	(Other than		uildi	ngs,	home	s,
City (5) Beach Haven Gardens NJ 08008						re Feet	# of Floors		Blo 35	dg. A	ge	
County (6)		County	/ Code (7)			ent Use (Prior		olished)		(a) (a)		-
Ocean					Hon		3					
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	ASC	CM No.		ne of Aba rnaco I	atement Contr nc.	actor (9)				6 _	
Street Address				1000000	et Addre							
City, State, Zip Code				20072		Zip Code Iin NJ 0809	1					
Project Manager for Monitoring Firm		Teleph	none No.	Tele	phone N	lo.	Licens	se No.				-
Stat Data (40)						9800	0072	7				
	0/15/14	Completion Date (11) Name Sam				HA Monitor						
Occupancy Status During Abatement (Check	Only One)			Stre	et Addre	ess		IV				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of Abate Facility Hou	ement urs		City	, State, 2	Zip Code			-			
Other - Describe:												
Scope of Work (Check All That Apply)						10-12 2 0-20						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	vation olition				ull Containmer ini-Enclosure	nt with Negati	ive Pres	sur	е		
						lovebag Proce		Eriable E)ror	odur	0	
	Is Loc	etion	T			on-Exempled	() and Non-i	Hable F		music PA	ement	t
Location of	Norm	nally		Descript	ion of		8		_	Ту	ре	_
Asbestos-Containing Material (ACM)	Used So Mainter			tos Containing	g Materia		Amount (Specify		,		E	E
TO BE ABATED In Facility	Custodia (12		(i.e.	surfacing,	VAT, or		SF or LF)		Remova	Repair	caps	Enclosure
(13)			-	other misce	llaneous)			wal	air	Encapsulate	sure
	Yes N	o N/A						_				_
Exterior Siding		X		Exterior	Siding		1800 SF	×				
												_
		-	-					-	- 1			-
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yard	s	Name of R	tegistered La	ndfill				
United Containers		Hauler 22459	ID No.	of Waste	R.	G.R.O.V	5			26		
City, State Elm NJ				Disposal Dis	ate	City, State Morrisvil	le PA 1906	67				
Completed by Anthony T Perna	Title Presider	nt		Signal	ure /			Date 9/10	/14			-

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building			-KEGE	. \	D			
September 9, 20			Patrici	a Glynn	2814 555 12	211	7.	-		
	tion I Notification nded Notification	Street Address		raig Road	ASSESTES	Ari The	:;) [
[X] DOH [X] Emer	ndment # rgency (including	City, State, Zip Co		apan, NJ 07726	& LICE	MSIH	G	J.L.		
I I DCA	ication) ellation	Name of Contact Patric	ia Glynn	Te	elephone Number	7				
		CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Residence	Place (3)	ы		Type of Facility (4)	School (k-12)	an than 1	l. 12)			
Street Address 528 Craig Road				[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,	
City	County (6)	County Code (7) (STATE USE ONL	Y) ·	Square feet 2000 sf	# of Floors 2	Bldg.		30		
Manalapan	Monmouth	105		Current Use (Prior if Residen	The second secon					
Name of Monitoring Firm Hired by Building Guardian Contract		ASCM No.	Name of	Abatement Contractor (Inc.				
Street Address 1889 Rte. 9, Unit			Street Ac	ldress	oute 9, Unit 61					
City, State, Zip Code			City, Sta	te, Zip Code						
Toms River, NJ 0	8755 Telephone Number		Telephor	Toms R	iver, New Jerse License N		55-1	271		
Nicholas Fernicola	732-349-9932		732-34	9-9932	00624	umoci	9			
Scheduled Start Date (10) 9/9/14	Scheduled Start Date (10) Scheduled Complete			tion Date (11) Name of OSHA Monitor						
Occupancy Status During Abatement (Check	only one)	E.M.S.L. Analytical Street Address								
	d During Entire Period of Ab			1056 Ste	elton Road					
Abatement Performed Other – Describe	Outside of Normal Facility H	lours	City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 0885	54			
Scope of Work (Check all that apply)			[]	Full Containment v	with Negative Pres	sure				
$[X] >3 \text{ sf or } \ge 3 \text{ lf}$	[x] Renov	vation	[x]	Mini-Enclosure Glovebag Procedur	re					
[] ≥160 sf or ≥260 lf	[] Demo		[]	Non-Exempted (*)		Procedur	e	#1415.000 = 10		
						Abate	ment '	Гуре		
Location of	Is Location Normally used		Description of the Description o		Amount	R	R	Е	E	
Asbestos-Containing Material (ACM)	Solely by		Material (A		(Specify SF	E M	E P	N C	N C	
TO BE ABATED	Maintenance/Custodia	AS 1 (A) NO. (A) NO. (A)	, thermal		or LF)	O	Α	Α	L	
in facility (13)	Staff (12)	ins	ulation, su VAT. o			v	I R	P	S	
(13)	()	oth	er miscell			A		U	U	
_	YES NO N/A					L		L E	R E	
Basement	X	Asbestos pipe	insulatio	n	150 lf	X				
								_		
Name of Registered Waste Hauler	NJDEP Waste Haule	er ID No. Cubic Ya	rds of Was	te Name of Register	ed Landfill					
Guardian Contracting, Inc.	20223	3		T.R.R.F.						
City, State Toms River, New Jersey	Dispe 9/11	osal Date	City, St Tullyt	ate own, Pennsylvania	7					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature \(\)	hot	tul		Date 9/9/2014				

^{*}Do not use this form for asbestos licensure exempted activities.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 9, 201	4	Name of Building (Owner/Oper VB Co	rator (2)	CEIVE	<u>D</u> <	- 1/	5		
1 ,	on Notification ded Notification	Street Address		Raritan Road SE			<i>,</i> , , ,			
[x] DOL Amen	dment # gency (including cation)	City, State, Zip Coo	Clark,	NJ 07066 ASTES	TOS CONT ICENSING	ROL.				
	llation	Name of Contact John V	izzoni	16	lepnone Number					
	FAC	CILITY INFORM	ATION							
Name of Facility Where Abatement is Taking Building	Place (3)	2000		Type of Facility (4)	School (k-12)					
Street Address 434 Springfield Av	renue			[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	lings,	
City	County (6)	County Code (7) (STATE USE ONL	Ó .	Square feet 2000 sf	# of Floors 2	Bldg	. Age 6	0		
Summit	Union			Current Use (Prior if) Residen						
Name of Monitoring Firm Hired by Building G Guardian Contract		ASCM No.	Name of	Abatement Contractor (Inc.				
Street Address	(E-2)		Street Ac	idress						
1889 Rte. 9, Unit 6 City, State, Zip Code	51		City Sta	1889 Ro te, Zip Code	oute 9, Unit 61	-1000	-			
Toms River, NJ 08	755		City, Sta		iver, New Jerse	ey 087	55-1	271		
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932			ne Number 9-9932	License N 00624	umber				
Scheduled Start Date (10) 9/9/14	Scheduled Complete 9/11/14	tion Date (11)	Name of	ame of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check of			Street Ac		. Analytical					
	During Entire Period of Ab			1056 Ste	elton Road					
Abatement Performed (Other – Describe	Outside of Normal Facility H	lours	City, Sta	te, Zip Code Piscatav	vay, New Jerse	v 088	54			
Scope of Work (Check all that apply)			[]	Full Containment v						
	f 1 =		[]	Mini-Enclosure						
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] Renov		[x]	Glovebag Procedur Non-Exempted (*)		rocedu	re			
					*	Abate	ement	Туре		
	Is Location		Description			R	R	Е	Е	
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		oestos-Con Material (A		Amount (Specify SF	E	E P	N C	N C	
TO BE ABATED	Maintenance/Custodia	l (i.e	, thermal	systems	or LF)	M O	Α	A	L	
in facility (13)	Staff (12)	ins	ulation, su VAT, o			v	I R	PS	O S	
(13)	(12)	oth	er miscell			Α	- 1	U	U	
*	YES NO N/A	1				L		L E	R E	
Basement	X	Asbestos pipe	insulatio	n	60 lf	X				
								0		
Name of Registered Waste Hauler	NJDEP Waste Haule	er ID No Cubic V	ards of Was	te Name of Register	ed Landfill					
Guardian Contracting, Inc.	20223	3	udo or was	T.R.R.F.	-c Dundini					
City, State Toms River, New Jersey		osal Date	City, St	own, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola	9/12/14 Title Signature Project Manager		1 ally	J. J. Chilisylvalla		Date 9/9/2014				

^{*}Do not use this form for asbestos licensure exempted activities.

09/08/2014 14:14

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RECEIVED PAGE 83/84

MO#22302806253	N	OTIFIC	ATIO	State of N	lew Jersey IBESTOS ABA AC 8:60 and 6:1	TEMENT D	1 2011 (Artist)		AC	: <i>U</i> 	
		(F	ในเริ่มเ	ent to NJ,	AC 8:80 and 5:1	(d) = U	Traid Og	12nc	Not	fica	lon
Date of Notification (1)			Nam	e of Bulldir	g Dwner/Operator	(2)	and the second s			1	_
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Agencies Notified Type No.	floation			Sicet et Address			TI'S VIC	FNE	Tir	MU	L.
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DOLWD Amen			Cale	udhallow State, Zip	Cade	144/2 14	FB (00000)	(100)			
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DCA Emer	jency (Incl. cation)	ding	Will	ingboro, N	1 08046		A. C. C. C. S.			Į.	
☐ Cano			S	e of Contac	20		Telephone Nur	reder			
	men Att			rie Smith			,				
None of Facility and Tax and Tax			F	CILITY	FORMATION		•	-			
Name of Facility Where Abatement	is Taking P	lace (3)				Type of Facility	y (d)				—
rivate house						School (K-	12)				
Street Address	Daniel					- Subchanter	& Michaelhan k 4	2)			
3 Budhallow Lane						homes, etc	private and comme	ercial b	ulldin	93.	
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Villingboro, NJ 08046							, ar i muji p	-	IMB. A	-Aa	
County (6)			Соц	nty Code (7)	(STATE USE ONLY)	Current Use / F	ripr If boing dawn	Sheed			
urlington					······································	1	is setting recition	21100)			
Vame of Monitoring Firm Hired by E	wilding Own	ner (8)	ASCN	No.	Name of Abstern	ant Contractor of					
				NA 498555-50	Gr Tech LLC	our annuactor (-1				
Street Address					Street Address					- 6:	3
						ua ma			GP-	5	A
ity, State, Zip Code				,	576 Valley Rd	#283				0	2
								~	CA	1	5
roject Manager for Manitoring Firm		761	aphone	No	Wayne, NJ 074	70					
		, 0	- Privaria	110			License No.	1	S	P	5
tart Date (10)	Schedule	d Compl	ation D	ota /11)	973-638-1777		01127	2			-
09 / 09 / 14	09	/ _l			Name of QSHA			7	0	_	2
coupancy Status During Abatemen		- ' '			Envirovision Co	msultants, lac			5=	-	
Facility Closed/Vacated During E	ntice Daries	N OUS)	masi		Steet Address				80	đ	3
_ Abatement Performed Outside of	Normal En	ollibe Man	er - Da	acrika	20-21 Wagaraw	Road, Bldg .#	34A		2	€	20
Time of Abatement:AM	PM/_	PM		_AM	City, State, Zip C	ods					
cope of Work (Check all that apply				- 2255	Fair Lawn, NJO	7410					
IN IN THE VESTIGATION					Clean u	maincomb bns q	nation with negative	c pres	eure		-
3 ≥3 sf or >3 if 2 ≥ 160 sf or ≥250 ff	52	Renoval			Full Con	teinment with No	galive Pressure				
2 2 100 81 01 ≥250 (f		Demoliti			Gloveha	A Proposition	Tent with Negstive	Pres	oure		
		Is Loca			☐ Non-Exe	implied (*) and N	on-Friable Procedu	re	,		
Location of		Norma	illy		Description of			Ab	alam	ent Ty	∕⊅8
Asbestos-Containing Material (At	CM)	Used Sci	ely by	Aeber	Description of Blos Containing Ma	iterial (AGM)	Amount	2	20	g	5
		Mainten: Vatodiai		(i.e	., thermal eyetems	Insulation.	(Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED					auriacing, VAT other miscellane		SIF or LF)	Na.	=	2	25
		(12)				~10/		1		318	
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TO BE ABATED IN Facility (13)	Y	s No		Drywall	ceiling	·	200 SF	8			
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MO#21901447800

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)			Name	of Buildin	g Owner/Operator (2	2)	. 8				
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Agencies Notified Type Notific ☐ EPA ☑ Initial	ation			Address rescent A	venue	۵	SESTES	CONT	₹∩1		
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□ DHSS Amendm □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		.	750000 0000	off, NJ 0			- 2.02.	.0,0			
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					NFORMATION			8	100		
Name of Facility Where Abatement is	Takina Dlass	/21	FA	CILITY	NFORMATION	Tuna of Facility	(4)				
	Taking Place	: (3)				Type of Facility School (K-1					
Private house Street Address							8 (Other than K-1	1 2)			
230 Crescent Avenue							private and comm		ildings	۶,	
City (5)						Square Feet	# of Floors	Bio	dg. Ag	۵	
Wyckoff, NJ 07481						oquare i cor	" OI 1 10013		19. 7.9		
County (6)			Coun	ty Code (7)	(STATE USE ONLY)	Current Hea /P	rior if being demo	olished)			
Bergen			00011	ty code (1)	(OTATE OOL ONET)	Dullelle Ose (F	nor it being defin	Jiisiieuj			
Name of Monitoring Firm Hired by Buil	dina Owner	(8)	ASCM	No	Name of Abstome	nt Contractor (C)\				
The state of the s	onig Owner	(0)	ASCIVI	NO.	Name of Abateme	ent Contractor (9	")				
Street Address					Gr Tech LLC						
Street Address					Street Address						
City, State, Zip Code					576 Valley Rd #	The state of the s			-		
City, State, Zip Code					City, State, Zip Co						
Designs Manager for Manifester Film					Wayne, NJ 0747	70	Fr.				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
					973-638-1777		01127		-		
	Scheduled (Name of OSHA N	Ionitor					
	09		_ / _	14	Envirovision Co	nsultants,Inc					
Occupancy Status During Abatement					Street Address						
Facility Closed/Vacated During Ent					20-21 Wagaraw	Road, Bldg .#	34A				
Abatement Performed Outside of N Time of Abatement:AM	ormal Facili	v Hour	s - Des	cribe			0.70.00.00.00.00				
	D14/	DM			City, State, Zip Co	ode					- 1
Time of Abatement.	PM/	PM_		AM	\$400 to 0 (2) 0 (0) 10 (0)						
Scope of Work (Check all that apply)	PM/	PM_		AM	Fair Lawn, NJ 0	7410 and decontami	nation with negat	tive press	ure		
	PM/ ⊠ R	PM_	on	AM	Fair Lawn, NJ 0 Clean up Full Con Mini-Enc Gloveba	7410 and decontaminationment with New Josure g Procedure	nation with negative Pressure Tent with Negation-Friable Proce	tive Press			
Scope of Work (Check all that apply)	PM/	PM_ enovati	on	AM	Fair Lawn, NJ 0 Clean up Full Con Mini-Enc Gloveba	7410 and decontaminationment with New Josure g Procedure	egative Pressure Tent with Negat	ive Press	ure	ent Ty	/pe
Scope of Work (Check all that apply) >3 sf or >3 lf >160 sf or >260 lf Location of	PM/	PM_ enovati emolitions s Locat Norma	on on ion lly	AM	Fair Lawn, NJ 0 Clean up Full Con Mini-Enc Gloveba	7410 o and decontami tainment with Ne losure g Procedure mpted (*) and N	egative Pressure Tent with Negat	dure Aba	ure : ateme		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ck# 2698

Date of Notification							Owner / Operator	(2)	CENT	- 13				
A ====i== NetiE= d	7/16/14	***			t Add		MUNICATIONS	File	CEIVE	- 10				
Agencies Notified EPA	Type Notific	ation					\							
D. Santa C. Landerson	⊠ Initia		-			rton F	DAY CONTRACTOR OF THE PROPERTY	2014 SE	P 12 AM	1:0	7		7.180.	
□ DEP □ DOL	<u></u>					& Zip C		2011 02	-1 IC MII	1.0	ŧ			
	H - 기면(1970년)	nded R#2-9/8/					J 08077	A + 10 mm	2500 001	1776	A I	N		
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☐ DCA	Cand	ellation	1	ALE	KBA	YLOR		č	LICENSIA	∉G'				
					CILI	Y INF	ORMATION							
Name of Facility Wh			Place (3	3)			Type of Facili							
RIVERTON CENT	RAL OFFI	CE					School (F							
Street Address		(16)						ter 8 (Other th						
1700 RIVERTON	ROAD							. private & co					tc.)	
							Square Feet	# of Flo	oors	Bldg	g. Age	9		
City (5)		County (6)	Co	unty	Code	(7)	17000		2					
CINNAMINSON		Burlington					Current Use (Prior if being	demolished)					
							COMMUNIC	ATIONS		(2)		www.cocks		
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)		AS	CM No.	Name of Abat	ement Contra	actor (9)	- W				
USA ENVIRONMI	ENTAL MA	NAGEMENT					BRISTOL E	NVIRONME	NTAL INC					
Street Address							Street Addres	S						
8436 ENTERPRIS	SE AVE						1123 BEAVE	ER STREET						
City, State & Zip Co	de						City, State & 2							
PHILADELPHIA F							BRISTOL, P					500 1		
Project Manager for	Monitoring F	irm			Num	ber	Telephone Nu		Licen	se Nun				
MARK JENKINS					5810		215-788-604				0050	9		
Scheduled Start Da	No. of the Control of	Scheduled Co	The State of the S		ate (1°)	Name of OSH		approved to a subsecting					
9/15/14			9/26				BRISTOL E	NVIRONME	NTAL INC		272427772		00 0000	
Occupancy Status [48.2		Street Addres							
		During Entire F					1123 BEAVE							
		utside of Norm	nal Ho	urs –	7am	to 3pm	City, State & 2							
	5:00 PM -1						BRISTOL, P	A 19007						
	upied During													
Scope of Work (Che	eck all that a	oply)						E = 10		tale bles		D		
o. (.o.	•		53	_					ntainment w	ith Neg	alive	Pre	ssure	•
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≥160 sf ≥26	O IT			De	moliti	on			Bag Procedu			D		
									kempted and		11/11/11/11			
7.55	ocation of tos-Containir		59-55	Loca	tion Used		Description Asbestos-Conf		Amou (Speci		ADa	item	ent T	ype
	erial (ACM)	g		olely			Material (A		SF or L				m	
	BE ABATED				nce o		(i.e., thermal sy		0.0.0	/	Re	Z	Encapsula	Enclsoure
	n Facility		90.000		Staff		insulation, surfac				Remova	Repair	psu	Iso
	(13)			(12)		_	or other miscella	aneous)			/al	=	llate	ure
			Yes	No	N/A								(U	
Basement Area							VAT/MAS	TIC	1900 \$	SF	\boxtimes			
Basement Cable	Vault						VAT & MAS	STIC	500 S	F	\boxtimes			
Basement Batter	v Area						VAT & MAS	STIC	800 S	F	\boxtimes			
			Th	П										
			TH	П										
			I	Ħ	TH			~~~				П	П	
Name of Registered	Waste Hau	er		ĪN.	JDEP	Waste	Cubic Yards	Name of Re	gistered Land	dfill				
				24 1 (200)		D No.	of Waste							
SERVICE TRANS	PORT GRO	DUP, INC.		20	0990		20	MINERVA	LANDFILL					
City, State						MILE	Disposal Date	City, State						
NEW CASTLE, D	E 19720								URG, OH 4	4688				
Completed By (Prin				Ti	tle		Signature	/2 -	7 :		Date	was and		
PATRICK T. DeC						MGR.	V+:0	D. De	Caro 1.	1	7/16/	14		
-							Jarreck	1.0	ou IJ	2				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)		Name of Building	Owner / Operator	(0)	i julian year on	4 4 5 5 5 5 5
7/16/14		VERIZON COM	MUNICATIONS	(2)	ECEI	サニリ
Agencies Notified Type Notificati	on :	Street Address	MINORIOA I IONS			
⊠ EPA		1700 Riverton		2014	SEP 12	AH 1:07
☐ DEP ☐ Initial ☐ Amend		City, State & Zip				
	ed R#1-8/1/14	Cinnaminson	NJ 08077	ASS	ESTASC	ONTROL
□ DOH □ Emerge □ DCA □ Cancel		Name of Contact				dephone Number
- Caricer	iation	ALEX BAYLOR	₹			
N 65 W		FACILITY IN	FORMATION			
Name of Facility Where Abatemen	t is Taking Place (3	3)	Type of Facility			
RIVERTON CENTRAL OFFICE Street Address	<u> </u>		School (K-			
1700 RIVERTON ROAD				r 8 (Other than K-1		
1700 KIVEKTON KOAD				private & commerc		
City (5)	county (6) Cou	unty Code (7)	Square Feet	# of Floors	Bld	lg. Age
	Burlington	unity Code (7)	17000	2		
CHITAINITOOT	drington			rior if being demolis	shed)	
Name of Monitoring Firm Hired by	Ruilding Owner (8)	ASCM No	COMMUNICA			
USA ENVIRONMENTAL MANA	AGEMENT	ASCIVING		ment Contractor (9 VIRONMENTAL) INIC	
Street Address			Street Address	AIKOMMEMIAL	INC	
8436 ENTERPRISE AVE			1123 BEAVER	STREET		
City, State & Zip Code			City, State & Zip			
PHILADELPHIA PA 19153			BRISTOL, PA	19007		
Project Manager for Monitoring Firm MARK JENKINS		hone Number	Telephone Num	ber	License Nur	mber
		365-5810	215-788-6040			00509
ON HOLD	heduled Completio	n Date (11)	Name of OSHA	Monitor /IRONMENTAL	INC	
Occupancy Status During Abateme	nt (Check only one	:)	Street Address	INCHAIL I AL	NO	
Facility Closed/Vacated Du	ring Entire Period o	of Abatement	1123 BEAVER	STREET		
Abatement Performed Outs		irs - 7am to 3pm	City, State & Zip			
Describe: 5:00 PM -1:00			BRISTOL, PA	19007		
Facility Occupied During Ab						
Scope of Work (Check all that apply	/)		F7	T		
≥3 sf or ≥3 lf	\bowtie	Renovation	×	Mini-Enclosure		ative Pressure
≥160 sf ≥260 lf	Ħ	Demolition	F	Glove Bag Pro		
-						riable Procedure
Location of	ls L	ocation	Description of			Abatement Type
Asbestos-Containing		ally Used	Asbestos-Contain	ning (S	Specify	T I I I I I I I I I I I I I I I I I I I
Material (ACM) TO BE ABATED		lely by enance or	Material (ACM) Si	or LF)	20 5 m
in Facility			(i.e., thermal systemation, surfacing	ems VAT		Enclsour ncapsula Repair Remova
(13)		(12)	or other miscellane			Enclsoure Encapsulate Repair Removal
	Yes	No N/A				
Basement Area			VAT/MASTIC	19	000 SF	
(5)						
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		ame of Registered	Landfill	
SERVICE TRANSPORT GROUP	, INC.	20990	Participation of the Control of the	INERVA LANDF	11.1	
City, State				ty, State		
NEW CASTLE, DE 19720				AYNESBURG, C)H 44688	
Completed By (Print or Type)		Title	Signature	,		Date
PATRICK T. DeCaro		PROJ. MGR.		0.00		/16/14
			Tatrick 1	. De Caro,	- Il	7.000 100
D 14022				/	/	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ck#2665

Date of Notification (1)		Name	of Buildin	ng Owner / Oper							
7/16/14		VERI	ZON CO	MMUNICATIO	ator (2)						
Agencies Notified Type Notifi	cation	Street	Address	MINIONICATIO	INO						
Ø EPA966/			Riverto	Road							
DEP Initi		City, S	State & Zi	Code							
	ended	Cinna	aminson	NJ 08077							
	ergency	Name	of Conta	ct				Tolonh			
☐ DCA ☐ Car	ncellation	ALEX	BAYLO	R			1	Teleph	ione	Num	iber
		FAC	CILITY IN	FORMATION							
Name of Facility Where Abatem	nent is Taking Place	ce (3)		Type of Fa							
RIVERTON CENTRAL OFF	ICE	NO 100			ol (K-12)						
Street Address						ther than K-12)					
1700 RIVERTON ROAD				Other	(i.e. private	e & commercial	huildin	as hor	mar	040 \	81
				Square Fe	et #	of Floors		Bldg. A		etc.)	
City (5)	County (6)	County C	ode (7)	1700		2		nug. A	ye		
CINNAMINSON	Burlington					peing demolishe	ed)	-			
				COMMUN	NICATION	IS)				
Name of Monitoring Firm Hired	by Building Owner	r (8)	ASCM N			Contractor (9)	-		-		-
USA ENVIRONMENTAL MA Street Address	NAGEMENT			BRISTOL	ENVIRO	NMENTAL IN	C				
8436 ENTERPRISE AVE				Street Addr	ress						
City, State & Zip Code				1123 BEA							
PHILADELPHIA PA 19153				City, State	& Zip Code	9					
Project Manager for Monitoring I	Firm T	elephone I	Number	BRISTOL	, PA 1900						
MARK JENKINS	0.700	15-365-5	810	Telephone 215-788-6	Number	Lic	ense N				
Scheduled Start Date (10)	Scheduled Comp			Name of OS				005	09		
8/4/14	8	/15/14	. (/)			or NMENTAL IN(•				
Occupancy Status During Abate	ment (Check only	one)		Street Addr		AINTENT HAC	<u> </u>				
Facility Closed/Vacated	During Entire Peri	od of Abat	ement	1123 REAL		EET					
Abatement Performed O	utside of Normal	Hours - 7	am to 3pn	City, State 8						-	
Describe: 5:00 PM -1				BRISTOL,							
Facility Occupied During				,							
Scope of Work (Check all that ap	ply)				1				_	_	-
≥3 sf or ≥3 If	5	- -	ill Haranasa	200	⊠ Fu	III Containment	with Ne	qative	Pres	SSUFE	2
 	2		vation	•	☐ Mi	ni-Enclosure		•			
≥160 sf ≥260 lf] Demo	olition		GI	ove Bag Proced	iures				
Landin of						n-Exempted ar		Friable	Pro	cedu	ıге
Asbestos-Containing		Is Location		Description	on of	Amo				ent T	
Material (ACM)	3 10	ormally Us Solely by		Asbestos-Co	ntaining	(Spe					7,00
TO BE ABATED	Mi	aintenance	or	Material (A (i.e., thermal)	ACM)	SF or	LF)	-		Щ	E
in Facility	Cu	stodial Sta	aff?	insulation, surfa	systems			Rem	Re	car	nc
(13)		(12)		or other miscel	llaneous)			Remova	Repair	Encapsulate	Enclsoure
	Ye	s No N	N/A		,			-		ate	ře.
Basement Area				VAT/MAS	TIC	1900	SF	Ø			
						1000	<u> </u>	18	爿	H	Η
								++	붜	H	Η
							-	+++	爿	뭐	H
								+++	뉘	뉘	뭐
							+	+++	H	뉘	님
ame of Registered Waste Haule	r	NJDE	P Waste	Cubic Yards	Name of	Registered Lar	dfill			<u> </u>	الا
ERVICE TRANSPORT GRO	ID INC		er ID No.	of Waste							
	JF, INC.	2099	0	20		/A LANDFILL					
ty, State EW CASTLE, DE 19720				Disposal Date	City, Stat						
ompleted By (Print or Type)		T:41 -		0:	WAYNE	SBURG, OH	14688				
ATRICK T. DeCaro		Title	J. MGR.	Signature	D .1.	0 1		Date	-		
		rku.	J. WIGK.	Patrick ?	1:0	Caro /	le 1	7/16/1	4		
14022						/					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RESETUTEDO92

Date of Notification (1) 9–8–14				Name o Vent	f Building i Rea	Owner/O	perator	(2)	2014 S	EP	12 A	M 1: (9(0	,
Agencies Notified	Type Notification		:	Street A	ddress North	Kings	Hig	hway 🗸	S#E	STE	Srn	LITE			
D DEP	☐ Amended Amendment		_ [City, St.	ate, Zip C ry Hi	ode 11, NJ	e e		ê	LIC	ENSI	HTRO NG	IL.		
DOH DCA	☐ Emergency justification) ☐ Cancellation				f Contact eppe	Ventim	igli	a		Tel	ephone N	Number	7		
				FAC	ILITY INF	ORMATIC	N			_					
Name of Facility Where Venti Realty	Abatement is Takin	g Place (3)							ol (K-12)						
Street Address 660 North Kir	ngs Highway										er than K & comme	(-12) ercial buil	dings,	home	es,
City (5) Cherry Hill								Square Fe	0.000	17.000	Floors	E	Bldg. A	ge /rs.	
County (6) Canden				County (STATE	Code (7) USE ONLY)		Current Us Bank B			ng demo	lished)			
Name of Monitoring Firm PT Consultant		Owner (8)		ASC	ЛNo.			of Abatemer mouth E				Co.,	Inc		
Street Address 629 Creek Roa	đ						Street	Address Haws A				•			
City, State, Zip Code Bellmawr, NJ	08031						City, S	tate, Zip Coo	de		401				
Project Manager for Mor Brad Summervi	nitoring Firm			Telepho	ne No. 25 1- 99	980	Teleph	one No.			License	No.			
Start Date (10) 9–20–14		Scheduled			Date (11)		Name	of OSHA Mo nouth E	onitor	nne			Inc.		
Occupancy Status Durin		k Only One)				Street	Address Haws A							
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe:	ed Outside of Norm						City, S	tate, Zip Coo	de		.01				
Scope of Work (Check A	Il That Apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		□K Re	novat moliti				治 □	Mini-Enc	losure		Negative	e Pressu	re		
			-			4		Non-Exe	mpted (*	*) and	Non-Fri	able Pro	Visit Silver		
Location	n of	No	ocation or mall	У		Desc	cription	of						ement pe	
Asbestos-Containing TO BE AB In Facil (13)	ATED	Custo	tenan	ice/			ystems ng, VA		1)	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		0.000						'al	T	late	ıre
2nd floor			х		wall	plaste	er		8	0 S	F	х			
											-				-
Name of Registered Was	te Hauler		TN	JDEP W	lasta	Cubic Y	arde	Nan	ne of Re	niste	ed Land	fill			
Robinson Waste			5978.8	7304		of Wast		G	ROWS		dfill				
City, State Voorhees, NJ						Disposa 9-22-			, State ıllyt	own	,PA			118	
Completed by James Kelly		Title P	res	ident		Sig	nature M	// //	000	4		Date -8-14			
ASB-41 (R-06-08)	77				¥	Ţ	Do no	t use this for	m for as	besto	s licens	ure exem	npted	activit	ies.

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Theek #2768

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) September 9, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☐ EPA ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification ☐ DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **LUCY STONE BLDG# 4153** ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc. LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: 2 Bldg, Age: 60 years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **PISCATAWAY** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 五〇 ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address .. 1801 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNEY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/19/14 9/20/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00PM - 5:00AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **⊠**Renovation X Mini-Enclosure -WRAP & CUT ■ ≥ 160 sf or > 260 ■ Demolition X Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO **MER A018** X TSI <9LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 9/20/14 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa 19067 NJ DEP # 20990 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino September 9, 2014 MANAGER

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CHECK # 1071

		(1-	ursuani	t to NJAC	8:60 an	d 12:12	0)	77	C:F	IWE					
Date of Notification (1) 09/08/2014				of Building Fernande		Operator	(2)			2 10 5					
Agencies Notified Type Notific	ation			Address Goodwin	Ave.			2814 SEI	12	AH	1:	69			
DEP Amend	ment #	_		ate, Zip Co rk, NJ 0		***************************************		ASSES & I		HSI		ROL	- 100 -		
DOH Emerging justification DCA Cancel				of Contact Fernande	ez		2			ephone		ber			
			FAC	ILITY INFO	ORMAT	ION	Maria de la						7.000000		10-5
Name of Facility Where Abatement is Residential Property	Taking Place (3)						of Facility (4 School (K-12	2)						
Street Address 167 Goodwin Ave.							×	Subchapter 8 Other (i.e. pr etc.)					dings	hom	es,
City (5) Newark								are Feet	# of 2	Floors			8ldg. <i>A</i> 0+	Age	
County (6) Essex				Code (7) USE ONLY)			Curre	ent Use (Prior	if beir	ng dem	olish	ed)	VIII 1990) 100		
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASC	M No.				atement Control							
Street Address						Street 1087		ss asant Valle	y Wa	у					
City, State, Zip Code			N.					lip Code nge, NJ 07	7052					777	
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-				Licens 01232		١,			
Start Date (10) 9/22/2014	Schedul 9/23/2		npletion	Date (11)				HA Monitor on Consult	ants	Inc.					
Occupancy Status During Abatement (Facility Closed/Vacated During Er	tire Period of	Abaten	nent			L	l Wa	garaw Rd.	- Bld	g.35E					
Abatement Performed Outside of Other – Describe:	Normal Facility	/ Hours			_	1		ip Code , NJ 0741	0						
Scope of Work (Check All That Apply)						- 22									
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	-	Renova Demolit				×	Mir Glo	Il Containmer ni-Enclosure ovebag Proce n-Exempted (dure	2				۵	
	7/2	Locati	(0)000			. // 10			7				Abate	ment pe	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		os Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial insula T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X		Pipe	Insula	tion		50) LF	-	x		CD	
					, ipo	- Incord				, Li					
Name of Registered Waste Hauler Freehold Cartage		Н	JDEP W auler ID 5939	No.	Cubic of Was	0.000		Name of Re G.R.O.W			dfill				
City, State Freehold, New Jersey			7303			al Date		City, State Morrisville			vani	 а			
Completed by Blagica Nikolova	Title Presi	dent			the second state	ignature	BN	ixdov			Date		014		

CK 23354

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

				(ru	iouaill	IO NOAC	5 6.00 and 5.10		CENTED				
Date of Notification (1))				Name o	f Building	Owner/Operator (2	2)	there is a linear light	-			
09 /	05	1	14		Clore	ox Servic	ces Company	8644 000	10 6M I-	: 0			
Agencies Notified	Type N	otificati	ion	100000	Street A	Address		2014 SEF	12 AM 1:	10			
⊠ EPA	⊠ Initia				12.00 M 52.00 M	Mantua A	Avenue	10 W W W W W W W W W W W W W W W W W W W		0.1			
☑ DOLWD	☐ Ame				City. St	ate, Zip Co	ode	ASSES	TOS CONTR	UL			
☑ DHSS	12,12,000	endmer	-			sboro, N		ھ ا	ICENSING				
☐ DCA			y (including			of Contact	-		Telephone Numb	er	-		
(NJAC 5:23-8)	∫ust ☐ Can	ification			Tempore Service	Burns							
					FAC	II ITY INF	ORMATION						
Name of Facility When	re Ahateme	nt is Ta	aking Place	(3)	1 70	12/11/11/1	3111111111111	Type of Facility (4)				
Clorox Services			and a nacc	(-)				School (K-12					
	Company							☐ Subchapter 8	(Other than K-12))			
Street Address								Other (i.e., pr homes, etc.)	ivate and commer	cial bui	idings	5,	
301 Mantua Avei	nue			- 10				Square Feet	# of Floors	Bld	g. Ag	е —	_
City (5)								115000	1		/- 50		
Paulsboro					Count	v Code (7)	(STATE USE ONLY)		or if being demolis		-		
County (6) Gloucester					Count	y Code (r)	(STATE OSE ONET)	Vacant	or it boiling dominate				
Name of Monitoring F	irm Hired b	y Buildi	ing Owner (8)	ASCM N	No.	Name of Abatem	ent Contractor (9)					
Criterion Labora		20		82			USA Environ	mental Manage	ement, Inc.		7.000		
Street Address							Street Address						
3370 Progress D	rive, Suit	e J					8436 Enterpr	rise Avenue					
City, State, Zip Code				17.50			City, State, Zip C	ode					
Bensalem, PA 1	9020						Philadelphia	, PA 19153					
Project Manager for N	Nonitoring F	irm		Tele	ephone N	No.	Telephone No.		License No.				
Mike Panepress	-10-1-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-21-20-20-21-20-20-21-20-20-20-20-20-20-20-20-20-20-20-20-20-			2	15-244-	1300	215-365-5810	0	1156				
Start Date (10)		S	cheduled C	omple	etion Dat	e (11)	Name of OSHA N	Monitor					
9 / 19	/ 14		_10_/	1	9_/_	14	USA Environ	nmental Manag	ement, Inc				
Occupancy Status Du	uring Abater	nent (C	Check only o	one)			Street Address						
☐ Facility Closed/Va					ment		8436 Enterp	rise Avenue					
☐ Abatement Perform	med Outside	e of No	rmal Facility	y Hou	rs - Des	cribe	City, State, Zip C	ode					
Time of Abatemer	nt: <u>7:00</u> AM	- <u>3:30</u> F	PM/F	PM	AM		Philadelphia	, PA 19153					
Scope of Work (Chec	k all that ap	ply)											
M - 2 - 4 2 14			☐ Re	nova	lion		☐ Full Cor ☐ Mini-End	ntainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☑ De					ag Procedure					
						,	☑ Non-Exe	empted (*) and No	n-Friable Procedu				
			100	Loca Norma						-	ateme		1
	tion of	I /A CNA	Lles		lely by	Ashe	Description stos Containing M		Amount	Removal	Repair	Encapsulate	Enciosure
Asbestos-Contain TO BE	ABATED	(ACIVI)	IVI2		ance/	(i.e	., thermal systems	insulation,	(Specify	Von	air	aps	losi
IN F	acility		Cus	todiai (12	Staff?		surfacing, VAT other miscellane		SF or LF)	<u> </u>		ula	le le
(*	13)		Yes	No		1	other miscellane	eous)				ē	
Production Buildi	na	-			⊠	Floor ti	le and mastic		1925 SF				
Production Buildi		-				Pipe Fit	tting		2 EA	\boxtimes			
		Blde			×		ashing & wall m	nastic	90 SF		П		r
Power House & P	roduction	blug					v Glazing		40 LF	П			
Storage Building Name of Registered	Masta Hard	or			NJDEP \		Cubic Yards of	Name of Regi	stered Landfill		_		
USA Environme			ent, Inc	1 (3)	Hauler II 32610	O No.	Waste 10	Minerva L					
City, State		-			32010		Disposal Date	City, State			- 0		
Philadelphia, PA	A						10/19/2014	Waynesbu	ırg, OH				
Completed By (Print		_	Title	-			Signature			ate			
Dilip Kumar			1000000	m M	anager	C.	Land	wholena		9-5	-/	4	

ASB-41 MAY 11

^{*} Do not use this form for asbestos licensure exempted activities.



V Emergency W

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

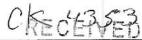
CK YEEDEIVED

Date of Notification (1) 9/9/14			f Building O	wner/Operator	(2)			SEP 1					
Agencies Notified Type Notification EPA Initial Amended			ddress arket St ate, Zip Cod	e	7		458	ESTE	S 00	is T	R		
DOL Amendment #_ Emergency (inc justification)	luding	Camd Name o	en NJ 08 ⁻ f Contact			7		LIC phone N	ENS	HC	ì		_
DCA Cancellation			en Perez	DMATION			<u></u>		10/02/25				_
Name of Facility Where Abatement is Taking P City of Camden Department of Public Street Address 101 Newton Street			LITT INFO	NWATION	So So	f Facility (4) chool (K-12) ubchapter 8 ther (i.e. pri) (Othe	r than K- commer	-12) rcial buil	ding	s, h	omes	s,
City (5) Camden NJ 08101					Square 50,00	Feet	# of 3	Floors		Bldg.	Ag	е	
County (6) Camden			Code (7) USE ONLY)		Curren	t Use (Prior	if bein	g demol	ished)				
Name of Monitoring Firm Hired by Building Ow TTI Environmental	ner (8)	ASCI 0000	M No. 03 4	A A A STATE OF THE PARTY OF THE	of Abate	ement Contr	ractor	(9)			•		
Street Address 1253 North Church Street					t Address Box 32								
City, State, Zip Code Moorestown NJ 08057					State, Zip st Berlin	Code NJ 0809	91						
Project Manager for Monitoring Firm James Guilardi		Telepho 856-8	one No. 40-8800		hone No -753-98			License 00727					
Start Date (10)	cheduled C	ompletion	Date (11)	Name		A Monitor						×	
Occupancy Status During Abatement (Check C	riod of Abat				t Address								
Abatement Performed Outside of Normal Other – Describe: Nights & weekend after	Facility Hor r 3 PM / occ	urs upied		City,	State, Zip	Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Description	ovation olition			× Glo	Containme i-Enclosure vebag Proc i-Exempted	edure	Ī			lure		
	Is Loc	ation	1							Ab		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodia	nally olely by nance/ al Staff? 2)	(i.e.	Descriptions Containing thermal system surfacing, V other miscella	Material ns insula 'AT, or		(5	mount Specify or LF)	Removal	Kepan	Т	Encapsulate	Enclosure
Basement Hallway	х			Pipe insul	lation			75 lf	x	I			
									_	1	4		
										+	-		
Name of Registered Waste Hauler	L. L.	NJDEP	Waste	Cubic Yards		Name of F	Registe	ered Lan	dfill				
Pernaco Inc.		Hauler I 21787		of Waste 3		G.R,O.\	N.S.						
City, State West Berlin NJ				Disposal Da 9/15/14	te	City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna	Title Preisde	nt		Signati	ire_	~			Date 9/9/14	1			



Energency

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/9/14				ding Owner/C Private Ho		(2)	2014 SE	D I	2 AM	1.:	2			
Agencies Notified Type Notification			et Addres 9 east E	ssex Ave							-	-200		
EPA Initial Amended Amendment #			, State, Zi ach Hav	p Code /en NJ 080	008	-	A39E	LIC	s col Ensir	∜TRC √G	l.			
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	Nar Bill	ne of Conf	tact			11		phone N					
		F	FACILITY	INFORMAT	ON			J.,.						
Name of Facility Where Abatement is Taking Bill Pilling Private Home Street Address	Place (3)					☐ Sc	Facility (4) hool (K-12) bchapter 8)	er than K-	-12)				
219 east Essex Ave						⊠ Ot etc	her (i.e. pri	vate 8	commer	rcial bui				š,
City (5) Beach Haven NJ 08008						Square 1000+		# of 2	Floors		Bldg 35-	g. Ag +	е	
County (6) Ocean	1/2		unty Code			Current	Use (Prior	if beir	ng demol	ished)				
Name of Monitoring Firm Hired by Building On N/A	wner (8)	17	ASCM No.			of Abate	ment Conti	ractor	(9)					
Street Address			•) 	Street	Address					-			\dashv
City, State, Zip Code				****		Box 329 State, Zip	10000							_
					Wes	t Berlin	NJ 0809	91						
Project Manager for Monitoring Firm		Tel	ephone N	0.		hone No. -753 - 98			License 00727					
	Scheduled 0 9/12/14	Comple	etion Date	(11)	Name Sam		A Monitor	(1)						
Occupancy Status During Abatement (Check	Only One)				Street	t Address	5	-						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Aba al Facility Ho	temen ours	t		City, S	State, Zip	Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	ovation nolition				Mini Glov	Containme -Enclosure rebag Proci- Exempted	edure	2000000 02000				.	
	T		- T			14011	-LXCIIIptou	() ui	4 1101111	T T		bate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Nor Used S	enance	by A	Asbestos Co (i.e. therma	al systen	Material ns insulat		(Amount Specify F or LF)	Ker	7	Ty Re		End
In Facility (13)	(12)			acing, V. miscella			3	r Oi Lir)	Kemovai		Repair	Encapsulate	Enclosure
	Yes 1	No	N/A				-				1			
Exterior Siding		-	х	Ext	erior S	iding		18	300 SF	×	+			-
		+								-	+	-		
	-	\dashv								+	+			
Name of Registered Waste Hauler			DEP Waste		c Yards		Name of I	Regist	ered Lan	dfill				-
United Containers		Hau 224	aler ID No. 159	3	aste		G.R.O.\							
City, State Elm NJ				Disp 9/12	osal Dat 2/14	te	City, State Morrisv		A 1906	7		11		
Completed by Anthony T Perna	Title Preisde	ent			Signatu	re				Date 9/9/1	4			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					g Owner/C tion Adn				CF	VE.	<u>}</u>		
Agencies Notified Type Notification	on ,	_	Street	Address Aviation	Plaza			2014 SE					
			Jama Name	tate, Zip (aica, NY of Contac ael Mulli	11434		200			COMI			
Cancellati		_			FORMATI	ON		i_					
Name of Facility Where Abatement is Tak Teterboro Air Traffic Control Tow Street Address 225 Fred Wehran Drive	ing Place (er	3)		ZILIT IIVI	FORMATI	ON	Subo	acility (4) ool (K-12) chapter 8 (Otler (i.e. private			ildings	, hom	ies,
City (5) Teterboro							Square Fe 5,000	eet # 6	of Floors		Bldg. 40 ye		
County (6) Bergen				Code (7) USE ONL				se (Prior if be Tower	ing dem	olished)			
Name of Monitoring Firm Hired by Building AET	Owner (8)	ASC	M No				ent Contracto	r (9)				
Street Address 28 N. Pennell Road						Street A	Address	n Highway	, Suite	500			
City, State, Zip Code Media, PA 19063						City, St	ate, Zip Co	ode					
Project Manager for Monitoring Firm Eric Houseknecht			Telepho	one No. 91-0114	4	Telepho			Licens 0116	se No.			
Start Date (10) 9/3/14	Schedul 12/3	ed Co	mpletion	Date (11)	8		of OSHA N		1				
Occupancy Status During Abatement (Che	ck Only Or	ne)					Address Coute 13	0 North					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: After midnight	mal Facility	Abate Hour	ment rs			City, St	ate, Zip Co		7				
Scope of Work (Check All That Apply)						CITITIO	iiiiiisoii,	143 0007		-Ne-			
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Process.	Renova Demoli				×	Mini-En Gloveba	ntainment wit closure ag Procedure empted (*) ar				re	
Location of		Locat	97					J. J			Aba	temer ype	it
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena odial ((12)	ely by nce/		stos Conta . thermal s	systems ng, VAT	aterial (AC insulation, , or	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Elevator Machine Room	Yes	No	N/A						20.05		-	te	4
Elevator Macrinie Room					Floor tile	and n	nastic	1	38 SF	X			
						-					-		-
lame of Registered Waste Hauler coservices, LLC		22100	JDEP W auler ID	State of the state	Cubic Yaste			me of Registe ROWS Lar		ndfill			<u> </u>
ity, State kton, PA					Disposa TBD	l Date	1000000	y, State orrisville, P	A				
ompleted by ack Bally	Title Sr. Pr	oject	Manag	ger	Sia	nature	0	Llu W	9	Date	114		
SB-41 (R-06-08)					يكرجا		4	orm for asbes	tos licer		•		rities

CK006321

D&S Proj. #: 2014-335

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

											- 122							
Date of Notification (1)	Na	me of Buil	lding Owne	er/Operator (2)			2014 SE	EP 12	AM 4: 1	6								
0 8 / 1 4 / 1 4	ion	IICK JAI																
Agencies Notified Type Notificat	Stre	eet Addres	SS				ASSE	STOSC	ONTRO	JL.								
DEP Amended	-	RIDGE	KSING															
Mendment #:	City	y, State, Z																
Lmergency		WEST C																
DOH (including justification)	Nan	Name of Contact Telepho									none Number							
☐ DCA ☐ Cancellation	- 11 ,	NICK JA	NULIS															
			FACI	LITY INFORM	ATION													
Name of facility where abatement	is taking plac	e (3)					Тур	e of Facility										
								Scho	ool (K - 12	2)								
NICK JANULIS									hapter 8 (-12)						
Street Address									r (Private/ s./Homes,		rcial							
2 RIDGE TERRACE							Sqi	uare Feet	# of Floo		Bl	dg. A	ge					
City (5)	County	(6)			Cour	nty Code (7)	-											
					(Stat	e use only)	Cu	rrent Use (Prior if be	ing dem	olishe	ed)						
WEST CALDWELL	ESSE						1											
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatem	ent Contra	actor (9)										
						D & S REST	ORATIO	N, INC.										
Street Address						Street Address			Jr.									
					_	20 Californi			44,	-22								
City, State, Zip Code						City, State, Zip C			12									
						Paterson, N.												
Project Manager for Monitoring Firm	1	Pho	one Numb	er		Telephone Numb 973-345-80				<u>e N</u> umb 01169	er							
			Carrier .			Name of OSHA			4	53		_						
Start Date (10)	Sched.	Completio	n Date (11)		D & S Resto		nc	1.4									
08/26/14	09/11/	14				Street Address	nation, n	ic.			_, f							
Occupancy Status During Abateme						20 California	a Avenue			*								
Facility closed/vacated during	entire period	of abater	ment.		-	City, State, Zip C		-	-									
Abatement performed outside Describe:	of normal fa	cility hour	s-															
Other-Describe: NORMAL F	IOURS				-11	Paterson, N.	J 07503											
Scope of Work (check all that appl							Full C	ontainment	w/negativ	re press	ure							
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation							enclosure										
≥160 sf or ≥260 lf	Demolition							bag proced					22					
	Is location	normally i	used solely				□ Non-E	Exempted () and Nor	n-triable	Proc	E	1					
Location of asbestos-containing	by mainten				on of a	sbestos-containin	ıa	Amount		e	е	n	E n					
material (acm) to be	staff(12)		_	material (spesios-containin	9	(Specify	SF or	m	p a	a	c					
abated in facility (13)	Yes	No	N/A					LF)		V	i	p	L					
BASEMENT		Y		BOILER IN	ISUI .	ATION	5	0 SQ FT		e	m	П	\forall					
an and and the state of the sta				·							Ħ	Ħ	青					
			-							묶	H	H	Ħ					
				-	//A				_	ᆖ	片	片	一					
									******	-	H	片	H					
Registered Waste Hauler	INIDE	P Hauler II	JI D# I C	ubic Yards of \	Waste	Name of Regist	ered Land	fill		_	Ш							
D & S RESTORATION, INC.	1350			YD		TULLYTON			RECOVE	RY								
City, State			Disposal D			City, State												
PATERSON, NJ 07503			08/27/1			TULLYTO	WN, PA											
Completed by (Print or Type)	Title			Signature					Date	41001								
BOGDAN JOLDZIC	PRESIDE		f			l anti-iti			08/14	4/ 2014	_							
ASB-41	Do not use	this form	or asbesto	s licensure ex	empted	activities.					-							

CK006323

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-337

RECEIVED

Date of Notification (1)	Name of Building Ow	ner/Operator (2)	,	1014 SEP 12 AT	M 4: 15							
0 8 / 1 5 / 1 4	NORTON NICH	OLS			1 , ,,							
Agencies Notified Type Notifica	Street Address		\$	ASSESTOS CO	HTROL							
DEP Amended	198 RODNEY S	TREET		& LICENS	NSING							
	: City, State, Zip Code	ity, State, Zip Code										
L Emergency	GLEN ROCK, N	GLEN ROCK, NJ 07452										
DOH (including justification	Name of Contact		Telephone	lephone Number								
DCA Cancellatio	' II	HOLS										
	FA	CILITY INFORM	ATION									
Name of facility where abatement	is taking place (3)			Type of Facility (4								
NORTON NICHOLS				1 =	(K - 12)		< 40\					
Street Address					apter 8 (Othe Private/Comr		(5)					
			/8		Homes, etc.	noroiai						
198 RODNEY STREET				Square Feet	# of Floors	В	lldg. A	\ge				
City (5)	County (6)		County Code (7)			ــــــــــــــــــــــــــــــــــــــ						
GLEN ROCK	BERGEN		(State use only)	Current Use (Pr	ior if being de	emolish	ed)					
Name of Monitoring Firm Hired by	The Control of the Co	ASCM No.	Name of Abatemen	t Contractor (9)								
			D & S RESTOR	RATION, INC.								
Street Address		·	Street Address	C)		31-10						
			20 California A	E-21	·							
City, State, Zip Code			City, State, Zip Code	e +4	Ton	16)						
			Paterson, NJ 0	7503		8						
Project Manager for Monitoring Fire	m Phone Num	ber	Telephone Number		License Nu							
			973-345-8020		- 0116	9						
Start Date (10)	Sched. Completion Date (11)	Name of OSHA Mo			3						
08/27/14	09/11/14		D & S Restora Street Address		1.	-						
Occupancy Status During Abateme			20 California A	venue	-							
Facility closed/vacated during	g entire period of abatement.		City, State, Zip Cod				_					
Abatement performed outside Describe:	e of normal facility hours-											
Other-Describe: NORMAL	HOURS		Paterson, NJ 0	7503								
Scope of Work (check all that app	ily)			Full Containment w	/negative pre	ssure						
\boxtimes >3 sf or >3 lf	Renovation			Mini-enclosure								
≥160 sf or ≥260 lf	Demolition		Ĕ	Glovebag procedur Non-Exempted (*)		ole prod	cedure	е				
Location of	Is location normally used sole	ely	-		R	R	E	E				
asbestos-containing	by maintenance/custodial staff(12)		on of asbestos-containing	Amount (Specify S	e m		n	n				
material (acm) to be abated in facility (13)	Yes No N/A	material (ACM)	(Specify S	0 0	a	а	C L				
	100 10/A				е	'r	р					
BASEMENT		PIPE INSU	LATION	94 L FT		ᆜᆜ	ᄪ	끧				
		ļ				내님	뿌	부				
						붜片	井	井				
		4				井	井	부				
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of V	Naste Name of Registere	nd Landfill			Ш					
D & S RESTORATION, INC.		1 YD		, RESOURCE RE	COVERY							
City, State	Disposal		City, State									
PATERSON, NJ 07503	08/28/		TULLYTOWN	N, PA								
Completed by (Print or Type)	Title	Signature		-	Date		2000					
BOGDAN JOLDZIC	* Do not use this form for asbes	etos liconeuro ex	empted activities		08/15/201	.4		-				
ASB-41	DO HOL GOD WITH TOT ASDES	NOS INCLIBUIC CX	cripted delivities.									

(K006322

D&S Proj. #: 2014-336

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

				the same of the first	. LJ						
Date of Notification (1)	Name of Building C	wner/Operator (2	20	14 SEP 12 AM 1	(. :c						
0 8 / 1 5 / 1 4	PAM STRICKI	LEND		TOLI IZ RITI	4. 10						
Agencies Notified Type Notificati	Street Address		A.	SESTES CON	TROL						
DEP Amended	195 SANDFOR			& LICENSING	3						
DOL Amendment #:	City, State, Zip Cod	# 1 A S S S S S S S S S S S S S S S S S S									
Emergency		NO. PLAINFIELD, NJ 07060									
justification)	Name of Contact		Telephon	elephone Number							
DCA Cancellation	PAM STRICK	LEND									
Street 10 10 10 10 10 10 10 10 10 10 10 10 10	F	ACILITY INFORM	IATION	-							
Name of facility where abatement is	s taking place (3)			Type of Facility (
PAM STRICKLEND					I (K - 12)						
Street Address					apter 8 (Other Private/Comm		-12)				
					Homes, etc.	croiai					
195 SANDFORD AVENUE				Square Feet	# of Floors	BI	dg. A	ge			
City (5)	County (6)		County Code (7) (State use only)			<u> </u>					
NO. PLAINFIELD	UNION		(State use only)	Current Use (Pr	fior if being der	nolishe	∌d)				
Name of Monitoring Firm Hired by E		ASCM No.	Name of Abateme	ent Contractor (9)							
			D & S RESTO	ORATION, INC.							
Street Address			Street Address								
			20 California	Ave.							
City, State, Zip Code			City, State, Zip Co	ode	Silv						
		Paterson, NJ	CONTRACTOR OF THE PROPERTY OF		16						
Project Manager for Monitoring Firm	Phone Nu	Telephone Number	Telephone Number License Number 973-345-8020 01169								
			9/3-343-80 Name of OSHA N		01109	1.					
Start Date (10)	Sched. Completion Date	(11)	D & S Restor	at-							
08/28/14	09/12/14		Street Address		7.0	Ť					
Occupancy Status During Abatemen	· · · · · · · · · · · · · · · · · · ·		20 California	Avenue							
Facility closed/vacated during Abatement performed outside			City, State, Zip Co	ode							
Describe: NORMAL H	OURS		Paterson, NJ	07503							
Scope of Work (check all that apply				Full Containment w	/negative pres	sure					
	Renovation			Mini-enclosure							
≥160 sf or ≥260 lf	Demolition			Glovebag procedur Non-Exempted (*)		e proc	edure				
Location of	Is location normally used so	olely		- Nort Exemples ()	R	R	E	E			
asbestos-containing	by maintenance/custodial staff(12)		on of asbestos-containing	Amount	e m	e p	n	n			
material (acm) to be abated in facility (13)	Yes No N/	material	(ACM)	(Specify S LF)	o v	a	а	C			
0000	140 1477		AND A STATE OF THE		e	l'r	р	_			
BASEMENT		PIPE INSU		15 L FT		닏	브	屵			
BASEMENT		BOILER II	NSULATION	40 SQ FT		붜	부	부			
						부	片	님			
		4				片	片	부			
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of	Waste Name of Registe	red Landfill	ᆜᆜ						
D & S RESTORATION, INC.	13506	1 YD		N, RESOURCE RE	COVERY						
City, State		al Date	City, State								
PATERSON, NJ 07503	08/2		TULLYTOW	/N, PA							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature			Date 08/14/201	1					
	Do not use this form for asb	estos licensure ex	empted activities.		06/14/201	7					

CK 238 10

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Buildin	g Owner/Operator (.2)	REC	1-11	f 1-	-			
	_ /1	4		Commence of the first	nk of Am	•	-	I & Company To	of home to V	. Bosse				
Agencies Notified Type	Notification			Stree	t Address	.74		2014 SEP	12 6	H	: [9		
⊠ EPA ⊠ In	itial			112	28 Walnu	t Street		2011 021				5		
☑ DOLWD ☑ A	mended			City	State, Zip (Codo		4 6-46 5 6 1	10 C 15	73.1.1.1	250	-		
☑ DHSS A	mendment #	<u> 1</u>					ASSES TUS CONTROL							
	mergency (i	ncludin	g		100 00 12 00 12 100 000	a, PA 19107	& LICENSING							
I St	stification)			Name	of Contac	t		Telephone Nu	mber					
Пс	ancellation				hn Luxfo									
Name of Engility Whose Abeter	T-1:	- Di	(0)	FA	CILITY IN	IFORMATION	T							
Name of Facility Where Abatem	ient is Takir	ig Place	e (3)				Type of Facility (
Bank of America							School (K-12							
Street Address							☐ Subchapter 8 ☑ Other (i.e., pr	Other than K-	12)	ildina				
128 Hudson Street							homes, etc.)		ierciai bi	manig	js,			
City (5)							Square Feet	# of Floors	RI	dg. A	70			
Hoboken, NJ							10,000	1	10000	30	ge			
County (6)				10	-t 0-1-1	N/07475 (105 011) 18				30				
Hudson				Cou	nty Code (/	(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)					
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No	Name of Abatem	ent Contractor (9)							
New York Environmetal	o, ballaling	Owner	(0)	ACCIVI	140.	JVN Restora								
Street Address						Street Address	LIOIT IIIC							
88 Harbor Road						47 Foster Ro	ad							
City, State, Zip Code				_		City, State, Zip Co								
Port Washington, NY 110	050					Staten Island								
Project Manager for Monitoring			Tel	ephone	No	License No.		0.00						
Mike Baudo				16-944		Telephone No. 718-605-6256		00774						
Start Date (10)	Sche	duled C				Name of OSHA M		00774						
					/ 14 Testor Tech									
Occupancy Status During Abate	_					Street Address	- 50							
☐ Facility Closed/Vacated Duri				ement		10 59 Jackso	n Avenue							
Abatement Performed Outside	de of Norma	l Facilit	y Hou	rs - Des	scribe	City, State, Zip Co				_				
Time of Abatement: Saturd	ay and Su	ınday .	AM-1:	00pm	to 9:00									
pm PM/8:00 am to 8:00F	PM- A	M	200			LIC, NY 1110	1).7						
Scope of Work (Check all that a	ppiy)					N 5								
≥3 sf or ≥3 If		⊠ Re	enovat	tion		☐ Mini-Enc	tainment with Neg	ative Pressure						
≥160 sf or ≥260 lf			emoliti				Procedure							
						Non-Exe	mpted (*) and Nor	n-Friable Proced	dure					
		100	Loca						Ab	atem	ent T	ype		
Location of Asbestos-Containing Materia	L (ACAA)	0.000000	Norma	ely by		Description o			70	T ZD	т	m		
TO BE ABATED	ai (ACIVI)		inten			stos Containing Ma ., thermal systems		Amount	em	Repair	nca	nc		
IN Facility		Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Removal	¥	sde	Enclosure		
(13)		_	(12)	100000000000000000000000000000000000000	-	other miscellane		0. 0. 2.)	=		Encapsulate	ē		
		Yes	No	N/A							TO.			
Basement Mens and Ladie	s Room				Floor	Mastic		380SF	\boxtimes					
1st Floor Teller Line					Floor T	ile and Mastic		300 SF	\boxtimes					
Basement Mens and Ladie	s Room				Wall Ma	astic		480 SF						
										П	П	П		
Name of Registered Waste Hau	ler		1	NJDEP	Waste	Cubic Yards of	Name of Regist	tered Landfill		_		_		
Newark Carting			H	lauler II		Waste	IESI							
City, State				NJ-56	00	15 Disposal Date	City, State							
Newark, NJ						09/28/14	Bethelhem,	ΡΔ						
Completed By (Print or Type)	Titl) /		5-1					
Ralph Barnhardt		e Projec	4 BA			Signature	1//	1	Date	11	, (,		
		rojec	Livial	iager		Milled	1hhrm		09-	11-	14			
ASB-41					6 U				- 14					

Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/8/2014	Name of Building Owner/Operator (2) The DeNovo Group												
Agencies Notified Type Notification		Street A	ddress	ndolph Stree	 et	20	14 SEP 12	AH	4: 1				
EPA Initial DEP X Amended Amendment	# 3	City, Sta	City, State, Zip Code Chicago, IL 60607 ASSESTES CONTROL & LICENSING										
DOH Emergency (i	including		f Contact			±	Telephone Number						
DCA Cancellation				ORMATION						-			
Name of Facility Where Abatement is Taking	Place (3)	FAC	LIII INFC	RMATION	Type	of Facility (4))						
DeNovo New Brunswick, LLC	, , ,					School (K-12							
Street Address 760 Jersey Ave						Subchapter 8 Other (i.e. pr	Other than K ivate & comme		dings,	home	es,		
City (5)	*					etc.) re Feet	# of Floors	1	3ldg. A	ge	77.5		
New Brunswick					310,0	000	1	6	88 yrs	;			
County (6) Middlesex			Code (7) USE ONLY)	Section 2000	nt Use (Prior strial War	if being demo ehouse	lished)	20				
Name of Monitoring Firm Hired by Building C Amereco Engineering	Owner (8)	ASCI	M No.	100000		tement Cont Contracts							
Street Address 204 E. Jefferson Street					t Addres		10-11-11-11-11-11-11-11-11-11-11-11-11-1						
City, State, Zip Code Valparaiso, Indiana 46383		-			State, Zi	p Code NJ 07072							
Project Manager for Monitoring Firm John Blosky		Telephone No. Teleph			and the second of the second o			nse No. 30					
Start Date (10)					· •	A Monitor							
06/30/2014	09/30/20	14	Duto (11)	Woj	ciech M	Michalik							
Occupancy Status During Abatement (Chec	15 (5)			76.000	t Addres Kero R								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm					State, Zi				-				
Other – Describe:					New Jers	ey 07072							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1)	novation molition			Mir Glo	ni-Enclosure ovebag Proc							
	1		I	L L	Noi	n-Exempted	(*) and Non-Fr	nable Pr			,		
		ocation rmally						Abatemer Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used : Maint Custoo	Solely by tenance/ dial Staff? (12)			ning Material (ACM) ystems insulation, ng, VAT, or			Removal	Repair	Encapsulate	Enclosure		
	Yes	No N/A								e e			
office/mezzanine area	X			VAT Floor			12,000 SF	x					
office/mezzanine area	×			Transite F	Panel		800 SF	x					
office/mezzanine area	x			Pipe Insul	ation		300 LF	x					
office Area	x			Masti	<u> </u>		8500	x					
Name of Registered Waste Hauler	un desause :	NJDEP \		Cubic Yards of Waste			Registered Lan	dfill					
Asbestos Transportation Company,	INC.	naulei II.	NO.	485.19		Cycle C	hem, Inc.						
City, State Shirley, NY				Disposal Dat 05/30/2014		City, State Elizabet							
Completed by Michael Colman	Title Preside	ent		Signatu	re	1		Date 9/8/20)14				
ASB-41 (R-06-08)				* Do :	not use	this form for	asbestos licen	sure exe	mpted	activ	ities.		

(K 1155

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	1)		_	
	1	1	2))
R			-0	9	T

Date of Notification (1) 9/8/2014				of Building OeNovo (Owner/Operat Group	tor ((2)			11/6	<u> </u>	1		
Agencies Notified	Type Notification			Address West Ra	ndolph Stre	eet		2014	SEP 12	Ř	H. 4	1 1		
EPA DEP DOL DOH DOH DCA	Initial Amended Amendment Emergency (justification) Cancellation		Chica Name o	City, State, Zip Code Chicago, IL 60607 Name of Contact Todd King						S CO ENS nber)H i IHG	RU		
Ц вох	Caricellation				ORMATION			-						
Name of Facility Where DeNovo New Brun		Place (3)	140		ORINATION .		Type of Facility (
Street Address 760 Jersey Ave							Subchapter Other (i.e. petc.)				dings,	home	es,	
City (5) New Brunswick			1				Square Feet 310,000	# of 1	Floors		ldg. A 8 yrs			
County (6) Middlesex							Current Use (Pri Industrial Wa			ned)				
Name of Monitoring Firm Amereco Engineer		Owner (8)	ASCI	M No.			of Abatement Contract		(9)				7	
Street Address 204 E. Jefferson St	treet						Address ero Road							
City, State, Zip Code Valparaiso, Indiana	ı 46383		- 4		U 333727516		ate, Zip Code tadt, NJ 0707	2						
Project Manager for Monitoring Firm John Blosky							[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			ense No. 230				
Start Date (10) 06/30/2014		Scheduled 09/30/20		Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		of OSHA Monitor ech Michalik							
Occupancy Status Durin	g Abatement (Chec	(Only One)			17.00.00	1000	Address ero Road							
	ated During Entire F ned Outside of Norm				City	, St	ate, Zip Code	07	070					
Scope of Work (Check A					Ca	iris	tadt, New Jer	sey 07	072					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	ACCUPATION .	ovation nolition			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				Δ		
			cation			_	Non-Exemple	u () and	1 NOTE HAD	10110	Abate	ement	t	
Locatio Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Used S Mainte Custod	mally Solely by enance/ ial Staff? 12)	Asbes (i.e.	tos Containing thermal syste surfacing, \	scription of aining Material (ACM) systems insulation, sing, VAT, or niscellaneous)			Amount (Specify SF or LF)			e Encapsulate	Enclosure	
-		1	No N/A							-		e e		
roofir	ng	X		ro	ofing mater	rial,	, mastic	460	00 SF	x				
Name of Registered Wa		11.0	NJDEP V Hauler ID		Cubic Yards of Waste	S	1		red Landfill		*			
Asbestos Transport	ation Company,	INC.			485.19	n+-	Cycle (802	Inc.					
City, State Shirley, NY		T			Disposal Da 05/30/201	4	City, Stat							
Completed by Michael Colman		Title Preside	ent		Signati	ure	X		9/	te 8/20	14			
ASB-41 (R-06-08)					/ * Do	not	t use this form for	r asbest	os licensur	e exer	npted	activi	ties.	